

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033574

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8470

STATE FILE NUMBER

FILED AUG 29 1963

1. PLACE OF DEATH a. COUNTY -----		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN Herculanum	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If outside, give location) 635 Long St.	
3. NAME OF DECEASED (Type or print) First Middle Last Laura Jan Derickson		4. DATE OF DEATH Month Day Year August 19, 1963	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/19/89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	
13a. FATHER'S NAME James Ackerson		13b. MOTHER'S MAIDEN NAME Josephine Boyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Mrs. Alice Manning, Box 385, Herculanum, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Arterio-sclerotic coronary artery thrombosis DUE TO (c) 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arterio-sclerosis		INTERVAL BETWEEN ONSET AND DEATH 5 days	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 8/16/63 to 8/19/63 and last saw her alive on 8/19/63 Death occurred at 7:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS 3701 Emerald St.	
22a. SIGNATURE (Degree or title) Edward W. Gebreich M.D.		22c. DATE SIGNED 8/20/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 21, 1963	23c. NAME OF CEMETERY OR CREMATORY Herculanum Cemetery	23d. LOCATION (City, town, or county) Jefferson County, Mo.
24. FUNERAL DIRECTOR Vinyard Funeral Home, Festus, Mo.		25. DATE RECD. BY LOCAL REG. AUG 20 1963	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by LEROY T. LUCAS, Student Embalmer No. 697  
working under my personal supervision.

Student

Leroy T. Lucas  
Signature of Student Embalmer

Signed

Donald H. Vinyard

Licensed Embalmer No.

14608

P. O. Address

Festus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.